

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200005		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL	L: Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: TWENTY-	FOUR BROAD ST. INC.		
DOING BUSINESS A LE LANC	GUEDOC REST.		
ADDRESS 24 BROAD ST.			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: GRENNAN, NEI	L TYPE OF LICENSE:Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
DINING ROOM, KITCHEN, STORI		BLE ROO	OMS.
I hereby certify and swear under p			
	ill be of the same type for the	_	
•	ied with all laws of the Com	•	o taxes; and
3. the premises are now of	open for business (If not expl	ain below)	
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:		L IDENTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the head	d of the fire departı	ment for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FI	ILED BY LICENSEES DURING THE M	ONTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER.	:076200006		CITY OR TOWN	NANTUCK	ET
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	NANTUCKE	ET ISLAND MANAGEM	ENT LLC		
DOING BUSINESS A	A JARED CO	FFIN HOUSE			
ADDRESS 29 BROA	D ST.				
CITY/TOWN: NAN	TUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: Storey	, James M.	TYPE OF LICENSE:In	nholder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
		FLOOR; DINING ROOM, I G. 3 FLOORS AND BASEM			ATIO
I hereby certify and sv	wear under per	nalties of perjury that:			
1. the renewe	d license will	be of the same type for the	e same premises now	licensed;	
2. the licensee	e has complied	d with all laws of the Com	monwealth relating to	o taxes; and	
3. the premise	es are now ope	en for business (If not exp	lain below)		
SIGNED BY:			0.00		
	Individual, P	artner or Authorized Corp	orate Officer		
DATE			EMDI OVEE		ION NI IMPED.
DATE:	TELEF	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
We the undersigned Acts of 2004, signed	, attest that w	PHONE NUMBER: we are in possession (1) the heal inspector and the heal ate of liquor liability instants.	(Note: <u>NOT</u> Ind ne certificate require d of the fire depart	ividual Social So ed by Chapto ment for the	er 304 of the above
We the undersigned Acts of 2004, signed named license and (2	, attest that w	ve are in possession (1) th ng inspector and the hea	(Note: <u>NOT</u> Ind ne certificate require d of the fire depart	ividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (2 of 2010.	, attest that w	ve are in possession (1) th ng inspector and the hea	(Note: <u>NOT</u> Ind ne certificate require d of the fire departa urance required by	ividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED: DISAPPROVED:	, attest that w by the buildi 2) the certific	ve are in possession (1) th ng inspector and the hea	(Note: NOT Ind ne certificate require d of the fire departurance required by LOCAL LICENS	ividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED:	, attest that w by the buildi 2) the certific	ve are in possession (1) th ng inspector and the hea	(Note: NOT Ind ne certificate require d of the fire departurance required by LOCAL LICENS	ividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and (2 of 2010. Please Check Below: APPROVED: DISAPPROVED:	, attest that w by the buildi 2) the certific	ve are in possession (1) th ng inspector and the hea	(Note: NOT Ind ne certificate require d of the fire departurance required by LOCAL LICENS	ividual Social So ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:076200007		CITY OR TOWN	NANTUCKET
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	AMERICAN SEAS	SONS CORP.		
DOING BUSINESS	A AMERICAN SEA	ASONS		
ADDRESS 80 CEN	TER ST.			
CITY/TOWN: NAI	NTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: LAS MIC	COLA, TYF HAEL	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMIS			
	R, PATIO, STORAGE C		RESTROOMS.	
•	swear under penalties			1' 1.
	ved license will be of		_	
	see has complied with		_	o taxes; and
5. the premi	ises are now open for	business (ii not expi	iam below)	
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:		LIDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	spector and the hea	d of the fire departi irance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
(If disapproved explain DATE:	ain)			
יייייי.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 076200017		CITY OR TOWN	NANTUCK	ŒT
APPLICATION FO	OR RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20)13 YEAR
DOING BUSINESS	: 1709 ASSOCIATES S A 29 FAIR STREET				
ADDRESS 29 FAI					
CITY/TOWN: NA	ANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: RO	OT, TRACY TYPI	E OF LICENSE:Im	nholder C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEI		EMAIL ADDRESS		
	F LICENSED PREMISI ROOMS, LOBBY, RESII		FLOOR: I	EIGHT GUEST	Γ
2. the licen	wed license will be of the see has complied with a sises are now open for but the see Individual, Partner of	all laws of the Compusiness (If not exp	monwealth relating t		
Acts of 2004, signonamed license and	TELEPHONE ed, attest that we are i ed by the building insp I (2) the certificate of I	in possession (1) the	(Note: <u>NOT</u> Inc ne certificate requir d of the fire depart	lividual Social S ed by Chapt ment for the	er 304 of the above
of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:076200020		CITY OR TOW	'N NANTUC	KEI
APPLICATION FO	R RENEWAL:	Seasonal	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: VENTUNO LLC				
DOING BUSINESS	S A VENTUNO				
ADDRESS 21 FED	ERAL ST.				
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: FRA	ALEY, SCOTT A TYPI	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISI	ES:			
AREA,LOUNGE, 3 R	DERAL ST, EXITS ON F COOMS,KITCHEN AND AR AREA AND PATIO	RESTROOMS. 2ND			CE
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of the	ne same type for the	same premises n	ow licensed;	
2. the licen	see has complied with a	all laws of the Com	monwealth relatir	ig to taxes; and	
3. the prem	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of l	pector and the hea	d of the fire depa	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	laın)				
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	76200021		CIT	Y OR TOWN	NANTUCE	KET
APPLICATION FOR R	ENEWAL:	Season	al	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: S	TRAIGHT WHARF	REST. CO.	INC.			
DOING BUSINESS A	STRAIGHT WHAR	RF RESTAU	RANT			
ADDRESS HARBOR S	SQUARE					
CITY/TOWN: NANT	UCKET	STATE:	MA Z	ZIP CODE:	02554	
MANAGER: FRASC	A, GABRIELTYPE	OF LICENS	E:Restaura	nt CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LIG BAR, DINING ROOM, L I hereby certify and swe 1. the renewed 2. the licensee 3. the premises SIGNED BY:	OUNGE, DECK IN TH	S: HE FRONT EI f perjury that e same type f l laws of the asiness (If no	NTRANCE : for the same Commonw t explain be	premises now ealth relating to clow)		
DATE:	TELEPHONE ?	NUMBER:		EMPLOYER (Note: NOT Ind		TION NUMBER:
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. Please Check Below:	y the building inspe	ector and the	e head of the property insurance	ne fire departi e required by	ment for the Chapter 116	above of the Acts
APPROVED: DISAPPROVED: (If disapproved explain))		EC By —	CAL LICENS	ING AUTHO	JKITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 076200022		CITY OR TOW	N NANTUCE	ŒТ
APPLICATION	FOR RENEWAL:	Seasonal	LICE	ENSED FOR 20)13
		CLASS			YEAR
DOING BUSIN	ME: DONALD DEMAR ESS A DEMARCO REST		E INN HOUSE		
ADDRESS 9 IN		OT ATE.		02554	
CITY/TOWN:		STATE: N		02554	
	DONALD E. TYPI DEMARCO	E OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEI		UR EMAIL ADDRESS		
	OF LICENSED PREMIS		S TO A DD 201 W221 DA		LAD OF
	FOUR ROOMS ON EACH. ADD 20 SEATS FOR OUTI				
I hereby certify a	and swear under penalties	of perjury that:			
1. the re	enewed license will be of the	ne same type for	the same premises no	ow licensed;	
2. the lie	censee has complied with a	all laws of the C	ommonwealth relatin	g to taxes; and	
3. the pr	remises are now open for b	ousiness (If not e	explain below)		
SIGNED BY:	Individual, Partner o	or Authorized C	orporate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, si	igned, attest that we are i gned by the building insp and (2) the certificate of l	pector and the	head of the fire depa	rtment for the	above
Please Check Below	<u>r:</u>		LOCAL LICE	NSING AUTHO	ORITY
APPROVED: [By:		
DISAPPROVEI					
(If disapproved 6	explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:076200024		CITY OR TO	WN NAN	ΓUCKET
APPLICATION FOI	R RENEWAL:	Seasonal	LIC	CENSED FO	OR 2013
		CLASS			YEAR
LICENSEE NAME:	ALLEN KOVA	LENCIK			
DOING BUSINESS	A COMPANY C	OF THE CAULDRON	-		
ADDRESS 5 INDIA	ST.				
CITY/TOWN: NAI	NTUCKET	STATE: MA	ZIP CODE	E: 0255	4
MANAGER:	ר	ΓΥΡΕ OF LICENSE:	Restaurant	CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
		IG 30X24 SQ FT. ONE	FLOO R THREE R	OOMS.	
I hereby certify and s	swear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for t	he same premises	now license	d;
2. the licens	ee has complied v	with all laws of the Co	mmonwealth relat	ing to taxes;	and
	_	for business (If not ex		<i>8</i> · · · · · · ,	
3. the premi	ses are now open	Tor outsiness (If not ex	pain ociow)		
SIGNED BY:	Individual, Part	tner or Authorized Co	rporate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPL	OYER IDENTI	FICATION NUMBER:
			(Note: NO	$\underline{\Gamma}$ Individual S	ocial Security Number)
Acts of 2004, signe	d by the building	are in possession (1) g inspector and the he e of liquor liability in	ead of the fire de	partment fo	or the above
Please Check Below:			LOCAL LIC	FNSING A	UTHORITY
APPROVED:			By:	L. DITO A	
DISAPPROVED: [•		
(If disapproved explain					
	ain)				
	ain)				
DATE:	ain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 076200026		CITY OR TOWN	NANTUCKET	
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	SED FOR 2013	
		CLASS		YEAR	
	ME: SILVA RESTA	AURANT MANAGEMEN EY AT CLIFFSIDE	IT, INC.		
ADDRESS JEF	FERSON AVE.				
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554	
	SILVA, GEOFFREY T.	TYPE OF LICENSE:Rest	caurant CA	ATEGORY: All A	lcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	EMISES:			
two story building	ng, seven rooms, proch,	3000 sq ft beach area			
•	and swear under pena				
1. the re	enewed license will be	e of the same type for the s	same premises now	licensed;	
2. the li	icensee has complied	with all laws of the Comm	onwealth relating to	taxes; and	
3. the p	premises are now open	n for business (If not expla	in below)		
SIGNED BY:	Individual, Par	rtner or Authorized Corpor	rate Officer		
	Individual, Par	rtner or Authorized Corpor			
SIGNED BY:		rtner or Authorized Corpor	EMPLOYER	IDENTIFICATION NU	
DATE: We the unders Acts of 2004, s	TELEPH signed, attest that we igned by the buildin		EMPLOYER (Note: NOT Ind	ed by Chapter 304 nent for the above	of the
DATE: We the unders Acts of 2004, s named license	TELEPH signed, attest that we signed by the buildin and (2) the certificat	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departi	ed by Chapter 304 nent for the above Chapter 116 of the	of the
DATE: We the unders Acts of 2004, s named license of 2010.	TELEPH signed, attest that we signed by the buildin and (2) the certificat	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 304 nent for the above	of the
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below	TELEPH signed, attest that we igned by the buildin and (2) the certificat	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departi	ed by Chapter 304 nent for the above Chapter 116 of the	of the
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Belov APPROVED:	TELEPH signed, attest that we igned by the buildin and (2) the certificat w:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 304 nent for the above Chapter 116 of the	of the
DATE: We the underst Acts of 2004, st named license of 2010. Please Check Below APPROVED: DISAPPROVED:	TELEPH signed, attest that we igned by the buildin and (2) the certificat w:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 304 nent for the above Chapter 116 of the	of the
DATE: We the underst Acts of 2004, st named license of 2010. Please Check Below APPROVED: DISAPPROVED:	TELEPH signed, attest that we igned by the buildin and (2) the certificat w:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Ind certificate require of the fire departs rance required by	ed by Chapter 304 nent for the above Chapter 116 of the	of the



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 076200031		CITY OR TOWN	NANTUCKET	
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	ISLAND GOURMI	ET CORP.			
DOING BUSINESS	A THE CLUB CAR				
ADDRESS 1 MAIN	IST.				
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: PAN JOS	TTORNO, TYP EPH	E OF LICENSE:Rest	aurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS		
	LICENSED PREMIS				
	NG ROOM, BAR, SERV		KITCHEN.		
	swear under penalties			1	
	ved license will be of t	• •	-		
	see has complied with		•	o taxes; and	
3. the prem	ises are now open for l	business (if not explai	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TEL EDUON		EMDI OVE	R IDENTIFICATION NUMBER:	
511121	TELEPHONI	E NUMBER:		lividual Social Security Number)	
Acts of 2004, signe	d by the building ins	pector and the head	of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:					
			LOCAL LICENS	ING AUTHORITY	
APPROVED:			LOCAL LICENS By:	SING AUTHORITY	
DISAPPROVED:				SING AUTHORITY	
	ain)			SING AUTHORITY	
DISAPPROVED:	ain)			SING AUTHORITY	
DISAPPROVED:	ain)			SING AUTHORITY	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 076200041		CITY OR TOWN	NANTUCK	KET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 20)13
		CLASS			YEAR
		HEAD BEACH CLUB IN HEAD BEACH CLUB	C.		
ADDRESS HO	OICKS HOLLOW RI).			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER:	KURATEK, ROBERT	TYPE OF LICENSE:Cl	ub C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PF	REMISES:			
BAR, KITCHEN	N, EATING FACILITIE	ES.			
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	e same premises now	licensed;	
2. the	licensee has complied	d with all laws of the Com	monwealth relating t	o taxes; and	
3. the	premises are now ope	en for business (If not exp	lain below)		
SIGNED BY:			0.55		
	Individual, P	artner or Authorized Corp	orate Officer		
DATE					
DATE:	TELEF	PHONE NUMBER:			TION NUMBER: ecurity Number)
			(11010. <u>1101</u> III)	iividuai 30ciai 3	ecurity (vulliber)
Acts of 2004,	signed by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability inst	d of the fire depart	ment for the	above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DIGADDDOIL					
DISAPPROVE	ED:				
(If disapproved					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 076200044		CI	TY OR TOW	N NANTUCE	KET
APPLICATION FO	R RENEWAL:	Season	nal	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	NANTUCKET YA	ACHT CLUB I	NC.			
DOING BUSINESS	A NANTUCKET Y	ACHT CLUB				
ADDRESS SOUTH	BEACH ST.					
CITY/TOWN: NAI	NTUCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: McE	achern, Peter A. TYI	PE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:				
OFFICE, KITCHEN, I	NTUCKET, 2 STORY BAR, BALLROOM, CF , RESTROOMS AND I	HILDRENS RM				ESS
I hereby certify and s	swear under penalties	of perjury tha	t:			
1. the renew	ved license will be of	the same type	for the san	ne premises no	ow licensed;	
2. the licens	ee has complied with	all laws of the	Common	wealth relatin	g to taxes; and	
3. the premi	ses are now open for	business (If no	ot explain l	pelow)		
SIGNED BY:			_	0.00		
	Individual, Partner	or Authorized	Corporate	Officer		
D 4 (TE						
DATE:	TELEPHON	E NUMBER:			'ER IDENTIFICAT Individual Social S	
				(140tc. <u>1401</u>	murviduai Sociai S	security Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			F	By:		
DISAPPROVED:	-:					
(If disapproved explain	11II <i>)</i>		.=			
			-			
DATE:			-			
			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200049		CITY OR T	OWN N	ANTUCK	ET
APPLICATION FOR	RENEWAL:	Seasonal	. I	LICENSEI	FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	MIDISH CORP.					
DOING BUSINESS A	A THE TAVERN					
ADDRESS STRAIGH	IT WHARF					
CITY/TOWN: NAN	TUCKET	STATE: N	IA ZIP COI	DE: 0	2554	
MANAGER: WHEI	*	PE OF LICENSE	:Restaurant	CATE	EGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDRESS			1
DESCRIPTION OF L	ICENSED PREMI	SES:				
FIRST FLOOR: DINING PATIO, DECK. THIRD			OUNGE. SECOND	FLOOR: [DINING RO	OOM,
I hereby certify and sw	vear under penalties	s of perjury that:				
1. the renewe	d license will be of	the same type for	the same premise	es now lice	ensed;	
2. the licensee	e has complied with	all laws of the C	Commonwealth rel	ating to ta	xes; and	
3. the premise	es are now open for	business (If not e	explain below)			
SIGNED BY:						
2101,22 21,	Individual, Partner	r or Authorized C	orporate Officer			
DATE:	TEI EDUON	IE NUMBER:	EMI	LOYER IDI	ENTIFICAT	ION NUMBER:
	TELETHON	E NOMBER.	(Note: Note:	OT Individ	ual Social Se	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the	head of the fire d	lepartmen	nt for the	above
Please Check Below:			LOCAL L	ICENSINO	G AUTHO	RITY
APPROVED:			By:		01101110	
DISAPPROVED:			•			
(If disapproved explai	n)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200050		CITY OR TOWN	NANTUCK	ET
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	NANTUCKET ISL	AND PRODUC	TS CO.INC		
DOING BUSINESS A	CAP'N TOBEY'S	CHOWDER HO	OUSE		
ADDRESS STRAIGH	T WHARF				
CITY/TOWN: NANT	CUCKET	STATE: N	IA ZIP CODE:	02554	
MANAGER: Rohce,	Christopher TYF	E OF LICENSE	:Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
			DINING ROOMS, KITCHE FLOOR: OFFICE, STOR		
I hereby certify and sw					
1. the renewed	l license will be of	the same type for	the same premises now	licensed;	
2. the licensee	has complied with	all laws of the C	ommonwealth relating to	taxes; and	
3. the premise	s are now open for	business (If not e	explain below)		
SIGNED BY:					
	Individual, Partner	or Authorized C	orporate Officer		
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signed l	y the building ins	pector and the) the certificate require head of the fire departi insurance required by	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
			-		
DATE:			-		
<i>ν</i> 1311.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:076200056		CITY OR TOWN	NANTUCKET
APPLICATION FOR	R RENEWAL:	Seasonal	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LARRY B. WHE	ELDEN		
DOING BUSINESS	A NANTUCKET	LOBSTER TRAP		
ADDRESS 23 WAS	HINGTON ST.			
CITY/TOWN: NAM	NTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	TY	YPE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF		IISES:		
ONE ROOM INSIDE,		and Consulting Alexander		
I hereby certify and s	•	es of perjury that: of the same type for the	a cama nramicae now	licansad:
		th all laws of the Com	=	
	=	or business (If not expl	=	s taxes, and
SIGNED BY:				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
		re in possession (1) th nspector and the hea		ed by Chapter 304 of the nent for the above
named license and of 2010.	(2) the certificate	of liquor liability insu	irance required by	Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	aın)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076200057		C	TY OR TOWN	NANTUCK	ŒT
APPLICATION FOR	R RENEWAL:	Season	nal	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	NANTUCKET ISL	AND MANA	GEMENT	, LLC		
DOING BUSINESS	A THE WAUWINE	T INN				
ADDRESS WAUW	INET RD.					
CITY/TOWN: NAM	NTUCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: LAN ERIC	DT, WILLIAM TYP	E OF LICEN	SE:Innhol	der CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAII	ADDRESS		_
	LICENSED PREMIS					
	RESTAURANT, DECI FTEEN GUESTROOMS					
I hereby certify and s	swear under penalties	of perjury tha	t:			
1. the renew	ved license will be of t	the same type	for the sar	ne premises now	licensed;	
2. the licens	ee has complied with	all laws of the	e Commor	wealth relating to	taxes; and	
3. the premi	ses are now open for	business (If no	ot explain	below)		
SIGNED BY:	T 11 1 1 D			O.CC		
	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:				EMPLOYED	IDENTIFICATE	JON MUNADED
DATE.	TELEPHON	E NUMBER:		(Note: NOT Indi		ION NUMBER: ecurity Number)
						, ,
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and th	ne head of	the fire departn	nent for the	above
Please Check Below:]	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]	Ву:		
DISAPPROVED: [(If disapproved explain)						
(11 disappioved expir	1111 <i>)</i>					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076200075		CITY OR TOWN	NANTUCK	ŒТ
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ROLF M. NELSO	N			
DOING BUSINESS	A SIASCONSET B	OOK STORE			
ADDRESS MAIN S	T & ELBOW LANE				
CITY/TOWN: NAI	NTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: NEL	SON, ROLF M TYI	PE OF LICENSE:P	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
2. the licens	swear under penalties red license will be of	the same type for the all laws of the Cor	ne same premises now nmonwealth relating t plain below)		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 076200080		CITY OR TOWN	NANTUCKET
APPLICATION	FOR RENEWAL:	Seasonal	LICEN	ISED FOR 2013
		CLASS		YEAR
	ME: THE FINCH GROESS A NANTUCKET		SORTS, INC.	
ADDRESS 27 M	MACY'S LANE			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: 7	THOMAS, SCOTT TY	PE OF LICENSE:Ini	nholder C	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	ISES:		
	E, BAR, LOUNGE, KITC FLOOR TERRACE, SER ON ROOMS.			
I hereby certify a	and swear under penaltic	es of perjury that:		
1. the re	enewed license will be o	f the same type for the	e same premises now	licensed;
2. the lie	censee has complied with	th all laws of the Com	monwealth relating	to taxes; and
3. the pr	remises are now open for	or business (If not expl	ain below)	
SIGNED BY:				
	Individual, Partne	er or Authorized Corp	orate Officer	
D.A.TEE				
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
			(11010. <u>1101</u> III	dividual Social Security (Number)
Acts of 2004, si	gned by the building i	nspector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below	<u>/:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076200095		CITY OR TOWN	NANTUCKET
APPLICATIO	N FOR RENEWAL:	Seasonal CLASS	LICEN	SED FOR 2013 YEAR
DOING BUSI	AME: NANTUCK NESS A THE SHIP FAIR STREET	ET, INC.		ILAK
CITY/TOWN:	: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER:	GOTTWALD, MARK H.	TYPE OF LICENSE:Inr	holder CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	N OF LICENSED P ET, 5 STORY INN	REMISES:		
1. the 2. the	renewed license will licensee has complie premises are now op	enalties of perjury that: be of the same type for the ed with all laws of the Compension for business (If not explain.)	monwealth relating to	
	Individual, I	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) th ing inspector and the hea cate of liquor liability insu	d of the fire departi	nent for the above
Please Check Bel APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200115	'	CITY OR TOWN NANTU	CKEI
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NANTUCKET ISI	LAND MANAGEMEN	VT, LLC	
DOING BUSINESS A BRANT POINT	GRILL/WHITE ELEP	HANT	
ADDRESS 50 EASTON ST			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER: LANDT, WILLIAM TYI ERIC	PE OF LICENSE: Innho	older CATEGORY	7: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
DINING ROOM, KITCHEN, PATIO, POOL 24 COTTAGES			ND BATHS,
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	* *	-	
2. the licensee has complied with		•	d
3. the premises are now open for	business (If not explain	n below)	
SIGNED BY: Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Social	ll Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200123		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DEVAN'S INC			
DOING BUSINESS A ARNO'S MAIN	STREET GRILL		
ADDRESS 41 MAIN ST			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: MORRIS, TY CHRISTOPHER M.	PE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
TWO STORY BLDG WITH ONE FRONT E STAIRS AND UPSTAIRS. 75 SEATS EAC		RS AREA, ONE SID	E ENTRANCE TO
3. the premises are now open for SIGNED BY: Individual, Partner	er or Authorized Corpor	· 	
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200132		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: OFFSHORE BEACHS	SIDE LTD.		
DOING BUSINESS A BEACHSIDE AT NA	ANTUCKET		
ADDRESS 30 NORTH BEACH STREET			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: FLETCHER, MARY TYPE C LOUISE	OF LICENSE: Innl	nolder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	IAIL ADDRESS	<u></u>
DESCRIPTION OF LICENSED PREMISES	:		
LOBBY, POOL, MEETING ROOM, PATIO AND GROUNDS. LICENSED PREMISES: MINI BAR CONFERENCE ROOM ONLY.			
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now	licensed;
2. the licensee has complied with all	laws of the Comm	nonwealth relating to	taxes; and
3. the premises are now open for bus	iness (If not expla	in below)	
SIGNED BY:			
Individual, Partner or	Authorized Corpo	rate Officer	
DATE: TELEPHONE N			
TELEPHONE N	IUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
		(1.616) <u>1.101</u> Ind.	ividual Social Security (vaniser)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectnamed license and (2) the certificate of liquof 2010.	ctor and the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:076200138		CITY OR TO	WN NANTUCI	KEI
APPLICATION FOR	RENEWAL:	Seasonal	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		EAD, LLC			
ADDRESS 14 OLD	SOUTH WHARF				
CITY/TOWN: NAN	TUCKET	STATE: MA	ZIP CODE	E: 02554	
MANAGER: BAK	ER, JONAS M. TYI	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I BISTRO STYLE REST THERE ARE THREE I STORAGE AS WELL	CAURANT WITH IND ENTRANCES ALSO A AS KITCHEN THREE	OOR SEATING ANI ACTING AS EXITS OF ERESTROOMS, OCC	ON FIRST FLOOR	. SECOND FLOO	
I hereby certify and s	1	1 0 0			
	ed license will be of	* *	•		
	ee has complied with ses are now open for			ing to taxes; and	
5. the premis	ies are now open for	business (if not exp	nam below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TEI EDHON	E NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	TELEPHON	E NUMBER.		$\mathbf{\underline{T}}$ Individual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	l by the building in	spector and the hea	ad of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expla	 in)				
Fr-o.ea enplu	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 076200144		CITY OR TOWN	NANTUCKET
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BEACHSIDE A	SSOCIATES,LLC		
DOING BUSINESS	A SUMMER HO	USE BEACHSIDE BI	STRO	
ADDRESS 16 OCE	EAN AVENUE			
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02564
MANAGER: KAR CHR	RLSON, TRISTOPHER P.	YPE OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
ONE STORY FRAME	E BUILDING, 2 ROO	OMS, POOL & PATIO		
I hereby certify and	=			
		of the same type for the	=	
2. the licens	see has complied w	rith all laws of the Com	monwealth relating to	o taxes; and
3. the premi	ises are now open f	for business (If not exp	lain below)	
SIGNED BY:	Individual Parti	ner or Authorized Corp	orate Officer	
	marviduai, i aru	ner of Authorized Corp	orate officer	
DATE:			EMDI OVED	LIDENTIFICATION NUMBER:
DITE.	TELEPHO	ONE NUMBER:		ividual Social Security Number)
Acts of 2004, signe	d by the building	inspector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [•	
(If disapproved expl	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:076200151		CITY	OR TOWN	NANTUCK	XE I
APPLICATION FOR	R RENEWAL:	Season	nal	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS		NOEL HOTEL AN	D VANNE BA	AR		
ADDRESS 5 CHEST	ΓNUT STREET					
CITY/TOWN: NAM	NTUCKET	STATE:	MA ZI	IP CODE:	02554	
MANAGER: GINI VAN	LEY, ESSA NOEL	TYPE OF LICEN	SE:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADD	ORESS		
8 RENOVATED ROO BAR ON 1ST FLOOR	MS ON 2ND&3R		ION AREA, KI	ITCHEN, ANI) 27 SEAT RA	ANNA
	ses are now open	with all laws of the for business (If no extraction of the form of	ot explain belo	ow)	o taxes; and	
DATE:	TELEPH	HONE NUMBER:	(TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	g inspector and th	ne head of the	e fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076	5200152		CI	I I OK IO	WN NANTUCE	XE I
APPLICATION FOR REI	NEWAL:	Season	nal	LIC	CENSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: OR	AN MOR BISTI	RO LLC				
DOING BUSINESS A						
ADDRESS 2 SOUTH BE	ACH ST					
CITY/TOWN: NANTUC	CKET	STATE:	MA	ZIP CODE	: 02554	
MANAGER: FREEMA CHRISTO	· ·	E OF LICENS	SE:Restaur	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
SECOND FLOOR REST. TV ENTRANCE LEADS INTO ROOM.		The second secon				
I hereby certify and swear	under penalties	of perjury tha	t :			
1. the renewed lic	ense will be of the	he same type	for the sam	ne premises	now licensed;	
2. the licensee has	s complied with	all laws of the	Commons	wealth relati	ng to taxes; and	
3. the premises ar	re now open for b	ousiness (If no	t explain b	elow)		
SIGNED BY:	lividual, Partner o	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			YER IDENTIFICAT	
				(Note: NO)	Γ Individual Social S	ecurity Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building insp	pector and th	e head of	the fire dep	partment for the	above
Please Check Below:			L	OCAL LIC	ENSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED: (If disapproved explain)			_			
(11 disapproved expiaili)						
			_			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200159		CITY OR TOWN	NANTUCI	KET
APPLICATION FOR I	RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A		Γ MARKET & DI	ELICATESSEN, LLC		
ADDRESS 00007B B	AYBERRY COUR	Т			
CITY/TOWN: NANT	CUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: McClos	skey, LAURA TYP	E OF LICENSE:I	Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LI	EASE ALSO VISIT OUR WE CENSED PREMIS		R EMAIL ADDRESS		_
2. the licensee 3. the premises SIGNED BY:	l license will be of t	he same type for tall laws of the Copusiness (If not ex			
DATE:	TELEPHONE	E NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	SING AUTH	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 076200160		CITY OR TO	NWC	NANTUCK	ET
APPLICATION FO	R RENEWAL:	Seasona CLASS		ICENS	ED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 324-26 N		LC				
CITY/TOWN: NA		STATE:	MA ZIP COL)E·	02554	
MANAGER: COC		E OF LICENSI				All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL ADDRESS			
TWO STORY WOOD	LICENSED PREMIS FRAME BLDG. FIRST T STATION AND FIRE	Γ FLOOR:KITCH		STROO	MS. SECON	D FLR;
 the renew the licens 	swear under penalties yed license will be of t ee has complied with ses are now open for	the same type for all laws of the C	Commonwealth rela			
SIGNED BY:	Individual, Partner	or Authorized (Corporate Officer			
DATE:	TELEPHONI	E NUMBER:				ION NUMBER:
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	pector and the	head of the fire d	epartm	ent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LI By:	CENSI	NG AUTHO	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:076200163		CITY OR TOWN	NANTUCKET
APPLICATION FOR	RENEWAL:	Seasonal CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS A	A THE CELLAR	NC.		
ADDRESS 1 WINDY	Y WAY			
CITY/TOWN: NAN	TUCKET	STATE: MA	ZIP CODE:	02554
	MSAE, TY IE-ANN	PE OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I 700 SQ.FT. SPACE. FI ENTRANCE LEADING	RST FLOOR, FRON	T UNIT OF A DUPLEX		JRFSIDE ROAD. ONE E ON OPPOSITE SIDE.
2. the license 3. the premis	ed license will be of e has complied with	s of perjury that: The same type for the hall laws of the Comin business (If not explement)	monwealth relating to	
SIGNED BY:	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200166		CITY OR TOWN	NANTUC:	KET
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BOARDING HOUSE	E, INC.			
DOING BUSINESS A	BOARDING & THI	E PEARL			
ADDRESS 12 FEDER	AL STREET				
CITY/TOWN: NANT	TUCKET	STATE: M	A ZIP CODE:	02554	
MANAGER: RAYN	OR, ANGELATYPE	OF LICENSE:	Restaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS		UR EMAIL ADDRESS		
2. the licensee 3. the premise		l laws of the Co	the same premises no ommonwealth relating xplain below)		
SIGNED BY:	Individual, Partner or	· Authorized Co	orporate Officer		
DATE:	TELEPHONE 1	NUMBER:			TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ector and the h	ead of the fire depar	tment for the	e above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	_ n)				
(11 disapproved explain	-,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 076200170		CITY OR TOWN	NANTUCK	KET
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	WESTMOOR CL	UB MANAGEMENT	LLC		
DOING BUSINESS	A THE WESTMOO	OR CLUB			
ADDRESS 10 WES	TMOOR LN				
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: TAR BRE		PE OF LICENSE:Clu	b C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:			
	-	h all laws of the Comn r business (If not expla	•	o taxes; and	
	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signe	d by the building in	e in possession (1) the aspector and the head f liquor liability insu	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200174		CITY OR TOWN	NANTUCKET
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: THE CHANTI DOING BUSINESS A THE CHANT			
ADDRESS 9 NEW ST			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02564
MANAGER: NANDY, SUSAN E	TYPE OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE 1ST FLR; MAIN DINING ROOM, GREI ROOM, OUTSIDE PATIO AREA. EXIT	ENHOUSE, GRILL ROOM	2ND FLR; DINING A	AND FUNCTION
1. the renewed license will be 2. the licensee has complied 3. the premises are now open SIGNED BY: Individual Par	e of the same type for the with all laws of the Comn	nonwealth relating to	
marviduai, i ai	ther of Authorized Corpo	rate Officer	
DATE: TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire departi	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:076200176		CITY OR TOWN	NANTUCKET
APPLICATION FO	R RENEWAL:	Seasonal CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 4 Bathin	g Beach Rd			
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: Thor Mars	1 /	PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMI			
	athhouse and tent funct swear under penalties	ion area, deck closest to	parking lot	
2. the licens	see has complied with	the same type for the n all laws of the Comp business (If not expl	nonwealth relating to	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 076200177		CITY OR TOWN	NANTUCI	KET
APPLICATION F	OR RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: HIGH TIDE I	PRODUCTIONS, INC,			
DOING BUSINES	SS A CURRENT	VINTAGE			
ADDRESS 4 EAS	SY STREET				
CITY/TOWN: N	ANTUCKET	STATE: MA	ZIP CODE:	02554	
	NGLISH, ARGARET	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION C					
SQ FT ON 2ND FL	OOR, 1 BATH,4 RO	E STRUCTURE 977+1SQ I DOMS, DOUBLE DOOR E E/EGRESS TO COURTYA	GRESS/ENTREAMCE	FROM 1ST F	FLOOR TO
I hereby certify an	d swear under pen	alties of perjury that:			
1. the ren	ewed license will l	be of the same type for th	e same premises now	licensed;	
2. the lice	ensee has complied	I with all laws of the Con	nmonwealth relating to	o taxes; and	
3. the pre	mises are now ope	n for business (If not exp	lain below)		
SIGNED BY:	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	plain)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:076200178			CITY OR TO	WN	NANTUCI	KET
APPLICATION FOR	R RENEWAL:	Seaso	nal	LIC	CEN	SED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME:	A.C.D.C. PROMOTION	S LLC					
DOING BUSINESS	A EPERWAY						
ADDRESS 1 NORTI	H BEACH STREET						
CITY/TOWN: NAN	NTUCKET S'	TATE:	MA	ZIP CODE	Ξ:	02554	
MANAGER: BENZ	ZIE, JENNIFERTYPE OF	LICEN	SE:Pack	tage Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
]	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER	R YOUR EM	AIL ADDRESS			
DESCRIPTION OF I	LICENSED PREMISES:						
	RST FLOOR OF RETAIL S AND EXIT FOR EMPLOYI						CH
	wear under penalties of pe						
• •	ed license will be of the sa	•		same premises	now	licensed;	
	ee has complied with all la			=			
3. the premis	ses are now open for busin	ess (If n	ot expla	in below)			
SIGNED BY:							
	Individual, Partner or Au	ıthorized	d Corpor	ate Officer			
DATE:	TELEPHONE NU	MBER:					TION NUMBER:
				(Note: NO	<u>T</u> Ind	ividual Social S	Security Number)
Please Check Below:				LOCAL LIC	ENS	ING AUTH	ORITY
APPROVED: DISAPPROVED:				By:			
(If disapproved expla	in)						
(11 disapproved expid	 /						
DATE:					_		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	6200179		CIT	Y OR TOWN	NANTUCK	ET
APPLICATION FOR RE	ENEWAL:	Season CLAS		LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: Ar DOING BUSINESS A T ADDRESS 17 Ocean Av	The Summer House		55			T L7 AIX
CITY/TOWN: NANTU		CTATE.	MA 7	ID CODE:	02554	
MANAGER: KARLSO			MA Z	CIP CODE:	02554 ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICE three floors, three sitting roo front one entrance/exit seve I hereby certify and swea 1. the renewed li 2. the licensee has	oms, porch, cocktail l ral other entrances an	S: ounge, bar, 2 d exits E perjury that e same type I laws of the	3. Cottages, fit: for the same c Commonwe	rst floor two en premises now ealth relating to	licensed;	ast side
SIGNED BY:	dividual, Partner or	· Authorized	Corporate C	Officer		
DATE:	TELEPHONE		(1) the conti	(Note: NOT Ind		ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building inspe	ector and th	e head of th	e fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LO By:	CAL LICENS	SING AUTHO	DRITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200187		CITY OR TOWN	NANTUCKET	
APPLICATION FOR RENEWAL	: Seasonal	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: FISH STIX DOING BUSINESS A HARPOO				
ADDRESS 3 SALEM STREET				
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: HARDE, JOSHUA	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
2. the licensee has compli	enalties of perjury that: Il be of the same type for the ed with all laws of the Com pen for business (If not expl	monwealth relating to		
	Partner or Authorized Corp	orate Officer		
DATE: TELE	EPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0762	00189	CITY OR TOWN	NANTUCK	ET
APPLICATION FOR REN	EWAL: Seasonal	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: MAD	DAKET SUNSET LLC			
DOING BUSINESS A WE	ST END MARKET			
ADDRESS 524 MADAKE	T ROAD			
CITY/TOWN: NANTUCE	KET STATE: MA	ZIP CODE:	02554	
MANAGER:	TYPE OF LICENSE:	Package Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LICEN				
	S SWINGING DOORS IN FRONT (RS IN FRONTBACK DOOR IN I		OOR TO THE	LEFT OF
I hereby certify and swear u	under penalties of perjury that:			
1. the renewed lice	nse will be of the same type for t	he same premises now	licensed;	
2. the licensee has	complied with all laws of the Co	mmonwealth relating t	o taxes; and	
3. the premises are	now open for business (If not ex	plain below)		
SIGNED BY:				
Indiv	vidual, Partner or Authorized Con	rporate Officer		
DATE:	TELEPHONE NUMBER:		RIDENTIFICAT	
		(Note: <u>NOT</u> Ind	lividual Social Se	ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTHO	DRITY
DISAPPROVED:		By:		
(If disapproved explain)				
Tr				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200190		CITY OR TOWN	N NANTUCE	XE1
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 21 SOUTH	H WATER ST				
CITY/TOWN: NANT	ГИСКЕТ	STATE: MA	ZIP CODE:	02554	
MANAGER: STOD	DARD, JANE TY	PE OF LICENSE:Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
TWO STORY WOOD FOR SOUTH WATER ST				OR. THREE EN	TRANCES
I hereby certify and sw	ear under penaltie	s of perjury that:			
1. the renewed	l license will be of	the same type for the	same premises no	w licensed;	
2. the licensee	has complied with	n all laws of the Comm	nonwealth relating	to taxes; and	
3. the premise	s are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpor	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
	by the building in	e in possession (1) the espector and the head f liquor liability insur	of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:			-		
DAID.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200191		CITY OR TOV	WN NANTUCI	KEI
APPLICATION FOR	RENEWAL:	Seasonal	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		,			
ADDRESS 31 EASY					
CITY/TOWN: NAN'		STATE: MA	ZIP CODE	: 02554	
MANAGER: ARNO), JOSEPH TY	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L 153 SEAT REST WITH FROM EASY ST. GRO 2ND FLR TWO DINING	BAR. MAIN ENTF UND FLR; 2 DININ	RANCE FROM STEAM NG ROOMS, BAR, KITO	CHEN 2 RESTRO		
I hereby certify and sw	•	1 0 0			
		of the same type for the	•		
	_	th all laws of the Com		ng to taxes; and	
3. the premise	es are now open to	or business (If not expl	ain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICATE Individual Social S	
Acts of 2004, signed	by the building in	re in possession (1) th nspector and the hea of liquor liability insu	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expiai	11 <i>)</i>				
					_
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 076200192		CITY OR TOWN	NANTUCKET
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CLIFFSIDE B	EACH,INC		
DOING BUSIN	NESS A CLIFFSIDE	BEACH CLUB		
ADDRESS 46	JEFFERSON AVENU	JE		
CITY/TOWN:	NANTUCKET	STATE: N	AA ZIP CODE:	02554
MANAGER:	SILVA,DAVID C.	TYPE OF LICENSE	E:Innholder CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
OUTDOOR PAY SEAT RESTAU ENTRANCE TO BLDG.AT REAL	VILLION AND SECKS RANT WITH OUTSIDI) ROOMS THROUGH I R OF PROPERTY WIT	SWIMMING POOL AI E DECK AND REAR E HOTEL LOBBY.HOTE H A SEPARATE ENTR	CKET SOUND APPROX. ND POOL SUROUND.MA NTRANCE. HOTEL REN' L RENTAL UNITS 15 TO ANCE.	IN LOBBY AND 20 FAL UNITS 2-14 MAIN
	and swear under pen	1 0 0		
		* *	r the same premises now	
	•		Commonwealth relating to	taxes; and
3. the	premises are now ope	a for business (if not e	explain below)	
SIGNED BY:	Individual, Pa	rtner or Authorized C	orporate Officer	
DATE:	TELEP	HONE NUMBER:		I IDENTIFICATION NUMBER:
Acts of 2004,	signed by the buildir	ng inspector and the	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo APPROVED: DISAPPROVE	ED:		LOCAL LICENS By:	ING AUTHORITY
(If disapproved	i explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076	200198		C	ITY OR TOWN	NANTUCK	ŒT
APPLICATION FOR REM	NEWAL:	Seaso	nal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: DUI	PREE & COM	PANY LLC				
DOING BUSINESS A DI	JPREE & CON	MPANY				
ADDRESS 7 OLD SOUT	H WHARF					
CITY/TOWN: NANTUC	CKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: DUPREE, WILLIAM		PE OF LICEN	SE:Packa	ge Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF LICE 312 SQ FT SPACEFIRST F I hereby certify and swear 1. the renewed lic 2. the licensee has 3. the premises are	LOOR: 2 EXITE under penalties ense will be of complied with	s on south s s of perjury that the same type all laws of th	nt: for the sa e Common	me premises now	licensed;	
SIGNED BY:	vidual, Partner	r or Authorized	d Corporat	e Officer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS By: 	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	JMBER: 076200199		CITY OR TOWN	NANTUCK	ET
APPLICATIO	ON FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE N	AME: NANTUCKI	ET ROTARY LLC			
DOING BUSI	INESS A FAITH'S S	EAFOOD SHACK AT TH	E ROLTATY		
ADDRESS 1	SPARKS AVENUE				
CITY/TOWN	: NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER:	OLDHAM, PATRICIA KENNEDY	TYPE OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADD	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	ON OF LICENSED PI				
PICNIC TABLE		PORCH ;ON THE RIGHT HA ORS, TWO OF WHICH OPEN CAPPED RAMP.			
I hereby certif	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	same premises now	licensed;	
2. the	e licensee has complie	d with all laws of the Com	nonwealth relating to	o taxes; and	
3. the	e premises are now op	en for business (If not expl	ain below)		
SIGNED BY		artner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004	, signed by the build	ve are in possession (1) thing inspector and the head ate of liquor liability insu	d of the fire departi	ment for the	above
Please Check Be	low:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROV					
(If disapprove	a explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076	5200201		C	TY OR TOW	N NANTUC	KET
APPLICATION FOR RE	NEWAL:	Season	nal	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: CR DOING BUSINESS A C						
ADDRESS 49 STRAIGH	T WHARF					
CITY/TOWN: NANTUC	CKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: STODDA	RD, JANE TYPE	OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE	NSED PREMISE	S:				
3 DINING ROOMS, 2 BAR: BUILSING WITH RAMP TO PREMISES. SEASONAL FO	O DINING AREA. I	EXITS LOAT	TED THRO	UGHOUT THE		
I hereby certify and swear	under penalties of	f perjury tha	t:			
1. the renewed lic	cense will be of the	e same type	for the sar	ne premises no	ow licensed;	
2. the licensee ha	s complied with al	l laws of the	Common	wealth relatin	g to taxes; and	
3. the premises ar	re now open for bu	isiness (If no	ot explain	below)		
SIGNED BY:						
Ind	lividual, Partner or	Authorized	Corporate	e Officer		
DATE:	TELEPHONE :	NUMBER:		EMPLOY	'ER IDENTIFICA'	TION NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by a named license and (2) th of 2010.	the building inspe	ector and th	ne head of	the fire depa	rtment for the	e above
Please Check Below:			J	LOCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:						
(If disapproved explain)						
D 4 mm						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200206	(CITY OR TOWN NANTUC	KET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BARTLETT OCE DOING BUSINESS A	AN VIEW FARM INC		
ADDRESS 33 BARTLETT FARM ROA	AD		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER: BARTLETT, JOHN TY W	PE OF LICENSE:Packa	age Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMI			
40 SQ FT OF FLOOR RETAIL AREA FOR AREA AT THE REAR OF THE FIRST FLO		O 40 SQ FT OF STORAGE LOC	KED
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the sa	ame premises now licensed;	
2. the licensee has complied with	h all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	r business (If not explain	n below)	
SIGNED BY:			
Individual, Partne	r or Authorized Corpora	ate Officer	
D.A.EE			
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA'	
		(Note: NOT Individual Social S	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200207	CIT	Y OR TOWN	NANTUCK	ET
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: NANTUCKET ISLAN	D MANAGEMENT L	LC		
DOING BUSINESS A WHITE ELEPHANT	HOTEL RESIDENCE	ES		
ADDRESS 19 S. BEACH ST				
CITY/TOWN: NANTUCKET	STATE: MA 2	ZIP CODE:	02554	
MANAGER: LANDT, BETTINA TYPE C	F LICENSE: Innholde	r CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMAIL AI	ODRESS		
DESCRIPTION OF LICENSED PREMISES:				
POOL AREAWITH CABANAS AND PREP KITC BLDG 2: BRANDT POINT, 2 STORIES, 6 GUES 2 STORIES, 4 GUEST SUITES, BLD8, BLDG 9 STORIES INCLUDING 20 GUEST SUITES, LOB	T SUITES, BLDG 6 2 S TWO STORIES WITH 2	STORIES, 4 GUI 2 AND 3 GUEST	EST SUITES, ΓSUITES, BL	BLDG 7;
I hereby certify and swear under penalties of p	perjury that:			
1. the renewed license will be of the s	* *	•		
2. the licensee has complied with all l		_	taxes; and	
3. the premises are now open for busi	ness (If not explain be	elow)		
SIGNED BY: Individual, Partner or A	Authorized Corporate (Officer		
DATE: TELEBRIONE N	III (DED	EMDI OVED	IDENTIFICAT	ION NUMBER:
TELEPHONE N	UMBER:	(Note: NOT Indi		
We the undersigned, attest that we are in pacts of 2004, signed by the building inspectamed license and (2) the certificate of liquof 2010.	tor and the head of tl	he fire departn	nent for the	above
Please Check Below:	LC	CAL LICENS	ING AUTHO	RITY
APPROVED:	Ву			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DISAPPROVED:				
(If disapproved explain)				
				
DATE:				